

Child mortality in Malawi

We read with interest the study by Mercy Kanyuka and colleagues¹ on Malawi's achievements in Millennium Development Goal 4. The authors identified several major health-system barriers to replicating this success throughout all districts in Malawi, the foremost being low numbers of health workers. The authors point out that massive investment in the health workforce will be needed to reach the minimum densities recommended by WHO.² Unfortunately, these standards do not take into account the financial burden to the public sector associated with expansion of the health workforce. Previous investment in health-worker training in Malawi supported by development partners led to a glut of graduates across various professions in August, 2015. Yet up to now, most of these graduates have not been employed by the Malawian Government. The Malawi Government is facing fiscal constraints associated with poor economic growth, high inflation, and withdrawal of donor support and is under pressure to constrain its public sector wage bill.³ Faced with uncertain prospects of employment, it is reported that at least 20 of the 51 medical graduates in last year's cohort have emigrated to Lesotho, a nearby country that is actively recruiting doctors.⁴ This emigration is despite recent success in retaining newly trained doctors in Malawi in the wake of historically high emigration.⁵ Any further investment into expanding Malawi's health workforce needs to take into account the associated recurrent costs and long-term budget impact for the public sector.

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